	Juan Manuel Castaneda	
In re	Tashina Marie Pereira	According to the information required to be entered on this statement
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number:		☐ The presumption arises.
	(If known)	= The presumption dribest
		■ The presumption does not arise.
		$\square$ The presumption is temporarily inapplicable.

## **CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME** AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS					
1A	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).					
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.					
Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the A Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 1: 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 5d days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete a required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date or which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your cas before your exclusion period ends.						
1C	Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard					
	a.   I was called to active duty after September 11, 2001, for a period of at least 90 days and  I remain on active duty /or/  I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;					
	OR					
	<ul> <li>b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/</li> <li>☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>					

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		Part II. CALCULATION OF M	ON	THLY INCO	ME FOR §	707(b)('	7) E	XCLUSION	-	
	Mari	tal/filing status. Check the box that applies a								
	а. 🗆	Unmarried. Complete only Column A ("De	ebto	r's Income'') for I	ines 3-11.					
		Married, not filing jointly, with declaration				this box. d	ebtoi	r declares under	pena	lty of periury:
		'My spouse and I are legally separated under								
2		purpose of evading the requirements of § 707(								
	f	for Lines 3-11.								
		l Married, not filing jointly, without the decla ("Debtor's Income") and Column B ("Spou				in Line 2.1	b abo	ove. <b>Complete</b> b	oth (	Column A
		Married, filing jointly. Complete both Colu					Spor	use's Income'')	for L	ines 3-11.
	All fig	gures must reflect average monthly income re-	ceiv	ed from all sources	, derived duri	ng the six		Column A	(	Column B
		dar months prior to filing the bankruptcy case						Debtor's		Spouse's
		ling. If the amount of monthly income varied			you must div	ide the		Income		Income
2		onth total by six, and enter the result on the a					Φ.		Φ.	
3		s wages, salary, tips, bonuses, overtime, con ne from the operation of a business, profess			I ina h fram I	ing a and	\$	4,000.00	\$	0.00
		the difference in the appropriate column(s) of								
		ess, profession or farm, enter aggregate numb								
		nter a number less than zero. <b>Do not include</b>								
4		b as a deduction in Part V.								
				Debtor	Spou	se				
	a.	Gross receipts	\$	0.00	\$	0.00				
	b.	Ordinary and necessary business expenses	\$	0.00	\$	0.00				
	c.	Business income	Su	btract Line b from	Line a		\$	0.00	\$	0.00
	Rents	s and other real property income. Subtract l	Line	b from Line a and	enter the diff	erence in				
		oppropriate column(s) of Line 5. Do not enter								
	part o	of the operating expenses entered on Line b	as	a deduction in Par	t V.					
5				Debtor	Spou	ise				
	a.	Gross receipts	\$	0.00		0.00				
	b.	Ordinary and necessary operating expenses	\$	0.00		0.00				
	c.	Rent and other real property income	Su	otract Line b from	Line a		\$	0.00	\$	0.00
6	Inter	est, dividends, and royalties.					\$	0.00	\$	0.00
7	Pensi	on and retirement income.					\$	0.00	\$	0.00
		amounts paid by another person or entity, o								
8		nses of the debtor or the debtor's dependent								
o		ose. Do not include alimony or separate maint								
		e if Column B is completed. Each regular payment is listed in Column A, do not report the				e colullii,	\$	0.00	\$	0.00
		ployment compensation. Enter the amount i		•		9.				
		ever, if you contend that unemployment comp								
0	benef	it under the Social Security Act, do not list th	e an	nount of such comp	ensation in C	olumn A				
9	or B,	but instead state the amount in the space belo	w:							
		mployment compensation claimed to	ф	<b>2 22</b> G	Φ.	4 404 07				
	be a	benefit under the Social Security Act Debtor	r \$	<b>0.00</b> Spo	ouse \$	1,464.67	\$	0.00	\$	0.00
		ne from all other sources. Specify source and								
		separate page. Do not include alimony or sep								
	spouse if Column B is completed, but include all other payments of alimony or separate									
	<b>maintenance.</b> Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or									
10		stic terrorism.	lullia	unity, or as a victin	of internation	nai oi				
	dome	suc terrorism.		Debtor	Spou	ise.				
	a.		\$	2,000	\$					
	b.		\$		\$					
		and enter on Line 10			1		\$	0.00	\$	0.00
							+			
11	Subto	otal of Current Monthly Income for § 707(b	<b>)(7</b> )	. Add Lines 3 thru	10 in Column	A, and. if				

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12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		4,000.00				
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION						
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 enter the result.	and \$	48,000.00				
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	b.					
	a. Enter debtor's state of residence: CA b. Enter debtor's household size: 2	\$	61,752.00				
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.						
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.						
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.						

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)					
16	Enter the amount from Line 12.	OH OF CURREN		r OK & 101(D)(	\$
17	Marital adjustment. If you checked the Column B that was NOT paid on a regul dependents. Specify in the lines below the spouse's tax liability or the spouse's supamount of income devoted to each purpant check box at Line 2.c, enter zero.	lar basis for the househon he basis for excluding the port of persons other that	old expenses of the debtor or ne Column B income (such a un the debtor or the debtor's ditional adjustments on a sep	the debtor's as payment of the dependents) and the	
	a. b. c. d. Total and enter on Line 17		\$ \$ \$ \$		\$
18	Current monthly income for § 707(b)	2). Subtract Line 17 from	om Line 16 and enter the resi	ult.	\$
	Part V. CAL	CULATION OF D	EDUCTIONS FROM	INCOME	-
	Subpart A: Deduct	ions under Standard	ls of the Internal Revenu	ie Service (IRS)	
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)  National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$	
19B	Out-of-Pocket Health Care for persons of Out-of-Pocket Health Care for persons of www.usdoj.gov/ust/ or from the clerk of who are under 65 years of age, and enterolder. (The applicable number of person be allowed as exemptions on your feder you support.) Multiply Line a1 by Line Line c1. Multiply Line a2 by Line b2 to c2. Add Lines c1 and c2 to obtain a total	at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any			
	b1. Number of persons c1. Subtotal	b2. c2.	Number of persons Subtotal		\$
20A	Local Standards: housing and utilities Utilities Standards; non-mortgage experavailable at www.usdoj.gov/ust/ or from the number that would currently be allo any additional dependents whom you su	s; non-mortgage expensions for the applicable control the clerk of the bankru wed as exemptions on y	ses. Enter the amount of the punty and family size. (This ptcy court). The applicable for	information is amily size consists of	\$

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20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.    IRS Housing and Utilities Standards; mortgage/rental expense					
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$			
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.					
22B	<b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)					
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  1					
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42  C. Net ownership/lease expense for Vehicle 2  Subtract Line b from Line a.					
25	<b>Other Necessary Expenses: taxes.</b> Enter the total average monthly exstate and local taxes, other than real estate and sales taxes, such as increase security taxes, and Medicare taxes. <b>Do not include real estate or sale</b>	ome taxes, self employment taxes, social	\$			

Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payoul deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. \$  Other Necessary Expenses: the innamene. Enter total everage monthly permisms that you actually pay for term any other form of insurance for yourself. Do not include premisms for insurance on your dependents, for whole life or for any other form of insurance and the order of a court or administrative equency, such as spousal or child support payments. Do not include premisms that pay are required to pay pursuant to the order of a court or administrative equency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 48.  Other Necessary Expenses: cludicates of the control of the payments of the payment on a past due obligations included in Line 48.  Other Necessary Expenses: childrane. Enter the total average monthly amount that you actually expend on childrane and average monthly amount that you actually expend on childrane and the payments of the payments of the payments of the childrane. Such as baby-sitting, day care, amusery and preschool. Do not fuelded other educational payments. \$  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or yourself or your dependents, that is not rembursed by insurance or paid by a health work payment and the payment of the payme						
His insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	26	deductions that are required for your employment, suc	ch as retirement contributions, union dues, and uniform costs.	\$		
Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments on past the obligations included in Line 44.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter deducation that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childeare. Enter the total average monthly amount that you actually expend on childeare- such as body-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: childeare. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. O minimal reviews deducted.  Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  Line Health Insurance Submition of the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household	27	life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for				
pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: the care in the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: the communication services of the amount entered in Line 14.  Other Necessary Expenses: the communication services of the amount entered in Line 14.  Other Necessary Expenses: telecommunication services. Enter the total average monthly uncount that you actually expend on include apayments for health insurance or health savings accounts, and that is in excess of the amount entered in Line 14.  Other Necessary Expenses: telecommunication services. Enter the total average monthly uncount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call vainting, caller id, special long, distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously detected in Line 34.  For total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32.  Health Insurance, Disability Insurance, and Health Sav		· ·				
Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the cutoat average monthly amount that you actually expend for education that is a condition of employment and for education that is a condition of employment and for education that is a condition of employment and for education that is a condition of employment and for education that is a condition of employment and for education that is a condition of employment and for education that is a condition of employment and for education that is a condition of employment and for education that is a condition of employment and for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  30 Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare or yourself or your dependents, that is not reinbursed by insurance or paid by a beath savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  31 Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services or bring and provided that you actually pay for telecommunication services. Enter the total of Lines 19 through 32.  32 Subpart B: Additional Living Expense Deductions  33 Note: Do not include any expenses that you have listed in Lines 19-32  34 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines ac- below that are reasonably necessary for yourself, your spouse, or your dependents.  34 If you do not actually expend this total amount, state your actual total average monthly expenses that you will continue to pay for the reasonable and necessary c	20					
Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare – such as buby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on bealth savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service – such as pagers, call waiting, caller id, special long distance, or internet service – to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  Subpart B. Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines ac below that are reasonably necessary for yourself, your spouse, or your dependents.  B. Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the space below.  S. Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and	28			_		
the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  30 Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  31 Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care hat is required for the health and welfare of yourself or your dependents, that is not reimbused by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  32 Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pugers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  5 Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  4		include payments on past due obligations included	in Line 44.	\$		
Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the annount entered in Line 198. Do not include payments for health insurance or health solvings accounts listed in Line 34.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually put for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any expenses that form the total of Lines 19 through 32.  Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines ac below that are reasonably necessary for yourself, your spouse, or your dependents.  Health Savings Account	29	the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education				
childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  Health Insurance  Line Health Insurance  Line Health Insurance  Line Health Insurance  Line Health Savings Account  Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your family			1 11 11 1	Ψ		
health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by include payments for health insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B, Do not include payments for health insurance or health savings accounts listed in Line 34.  32	30			\$		
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include payments for health insurance or health savings accounts listed in Line 34.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance \$	31					
Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance				¢.		
actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  \$ Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32    Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.   a. Health Insurance		include payments for health insurance of health sav	vings accounts fisted in Line 34.	Þ		
pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  S  Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance						
Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.    A	32					
Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance				d.		
Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance		wentare or that of your dependents. <b>Do not include an</b>	y amount previously deducted.	\$		
Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.    a.   Health Insurance   \$	33	Total Expenses Allowed under IRS Standards. Ent	er the total of Lines 19 through 32.	\$		
Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.    A.   Health Insurance   S		Subpart R. Addit	ional Living Evnence Deductions			
Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.    a.   Health Insurance   \$		-	_			
the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance		Note: Do not include any ex	xpenses that you have listed in Lines 19-32			
a.   Health Insurance   \$     b.   Disability Insurance   \$     c.   Health Savings Account   \$     Total and enter on Line 34.     If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:   S		the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your				
b. Disability Insurance c. Health Savings Account S  Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$	34	a Health Insurance	\$			
Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  S						
Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  \$  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and				Φ.		
If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$		c. Health Savings Account	\$	\$		
Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and		Total and enter on Line 34.				
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25 expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  26 Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  27 Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  28 Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and		\$				
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actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and		Protection against family violence. Enter the total av	rerage reasonably necessary monthly expenses that you			
Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and	36	actually incurred to maintain the safety of your family	under the Family Violence Prevention and Services Act or			
Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  **Education expenses for dependent children less than 18.* Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and				\$		
actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and	37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount				
actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and						
school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and	1	Education expenses for dependent shildren less the				
documentation of your actual expenses, and you must explain why the amount claimed is reasonable and						
necessary and not already accounted for in the IRS Standards.	38	actually incur, not to exceed \$147.92* per child, for at	tendance at a private or public elementary or secondary			
	38	actually incur, not to exceed \$147.92* per child, for at school by your dependent children less than 18 years of documentation of your actual expenses, and you mu	tendance at a private or public elementary or secondary of age. You must provide your case trustee with ust explain why the amount claimed is reasonable and			

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					National /.usdoj.gov/ust/	\$
40	Cont	inued charitable contributions	• Enter the amount that you will continuous as defined in 26 U.S.C. §			e form of cash or	\$
41	Tota	l Additional Expense Deductio	ons under § 707(b). Enter the total of I	Line	s 34 through 40		\$
	I		Subpart C: Deductions for De	bt ]	Payment		
42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.					fonthly Payment, total of all iling of the	
		Name of Creditor	Property Securing the Debt	I	Average Monthly Payment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
					Total: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.				n may include in on to the Id include any		
		Name of Creditor	Property Securing the Debt			e Cure Amount	
	a.				\$ T	otal: Add Lines	\$
44	prior		aims. Enter the total amount, divided by claims, for which you were liable at the has those set out in Line 28.		), of all priority cl	aims, such as	\$
			s. If you are eligible to file a case under y the amount in line b, and enter the re				
45	a.	Projected average monthly C		\$			
45	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)		x	X			
	c.	Average monthly administra	tive expense of Chapter 13 case	To	otal: Multiply Line	es a and b	\$
46	Tota	l Deductions for Debt Paymen	<b>t.</b> Enter the total of Lines 42 through 45	5.			\$
		•	Subpart D: Total Deductions f	ron	n Income		
47	Tota	l of all deductions allowed und	er § 707(b)(2). Enter the total of Lines	33,	41, and 46.		\$
		Part VI. D	ETERMINATION OF § 707(I	b)(2	2) PRESUMP	ΓΙΟΝ	
48	Ente	r the amount from Line 18 (Cu	arrent monthly income for § 707(b)(2	))			\$
49	Ente	r the amount from Line 47 (To	otal of all deductions allowed under §	707	(b)(2))		\$
50	Mon	thly disposable income under	§ <b>707(b)(2).</b> Subtract Line 49 from Line	e 48	and enter the resu	lt.	\$
51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.						\$

Best Case Bankruptcy

	Initial presumption determination. Che	eck the applicable box and proceed as directed.					
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						
32		nore than \$11,725* Check the box for "The presumption arises" at the in Part VIII. You may also complete Part VII. Do not complete the re					
	☐ The amount on Line 51 is at least \$7	7,025*, but not more than \$11,725*. Complete the remainder of Part	VI (Lines 53 through 55).				
53	Enter the amount of your total non-pri	ority unsecured debt	\$				
54	Threshold debt payment amount. Multi	iply the amount in Line 53 by the number 0.25 and enter the result.	\$				
	Secondary presumption determination.	Check the applicable box and proceed as directed.					
55	☐ The amount on Line 51 is less than t of this statement, and complete the verific	the amount on Line 54. Check the box for "The presumption does no cation in Part VIII.	t arise" at the top of page 1				
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.						
	Part '	VII. ADDITIONAL EXPENSE CLAIMS					
56		nonthly expenses, not otherwise stated in this form, that are required for					
		d should be an additional deduction from your current monthly incom- itional sources on a separate page. All figures should reflect your ave					
	each item. Total the expenses.						
	Expense Description	Monthly A	mount				
	a.	\$					
	b.	\$					
	c. d.	\$   \$					
	u.	Total: Add Lines a, b, c, and d \$					
		Part VIII. VERIFICATION	<del></del>				
	I declare under penalty of perjury that the	e information provided in this statement is true and correct. (If this is	a joint case, both debtors				
	must sign.) Date: January 12, 20	13 Signature: /s/ Juan Manuel Cast	aneda				
57	<u> </u>	Juan Manuel Castand (Debtor)					
	Date: <b>January 12, 20</b>	13 Signature /s/ Tashina Marie Per	eira				
		Tashina Marie Pereir	a				
		(Joint Debtor	, if any)				

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<sup>\*</sup> Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.